

THE
PRESENT STATE AND PROSPECTS
OF
PSYCHOLOGICAL MEDICINE,
WITH
SUGGESTIONS FOR IMPROVING THE LAWS
RELATIVE TO
THE CARE AND TREATMENT OF LUNATICS.

BY
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MENTAL AFFECTIONS."

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If we reflect upon the calamitous nature of the visitation which it professes to treat; if we estimate the important bearing which it has upon the general interests of society, and the consequent fearful responsibility it imposes; or if we consider the metaphysical nature of the inquiries it involves, Psychological Medicine may, I think, fairly claim to rank as the most noble branch of Medical Science, conferring honour upon all who may be engaged in its development, and pre-eminently entitling them to the respect and esteem of mankind.

Let us inquire what is the actual state of the case.

As regards the *Science itself*, it is true the public are beginning to have some faint apprehension of its importance, and occasionally we hear it apostrophized as affording “a fine field for scientific inquiry!”—“an intensely interesting study!”—“a noble pursuit!” yet, strange anomaly, to be found labouring in this “fine field for scientific inquiry,” to

be engaged in this "interesting study," to be found following this "noble pursuit," would appear to constitute, at best, but a very doubtful title to respect; the designation "Mad Doctor" is, I fear, but too frequently intended to imply very much the reverse of an honourable distinction.

Where are we to look for the explanation of this anomaly? Is it in the character of the present race of Psychological Practitioners? I think not.

If we turn to the Continent, it would, perhaps, be difficult to find any branch of science which could boast of a greater amount of talent engaged in its development than Psychological Medicine;—men whose names are rendered illustrious alike by profound metaphysical research and the most enlarged benevolence.

In our own country, while I fear it must be admitted that Psychological Medicine cannot boast of such an array of talent engaged in its study, happily it is not altogether uncared for by men of the highest honour, the most extended benevolence, and delicate refinement of feeling,—men who may well claim to rank amongst the benefactors of their race. When, however, we consider the special difficulties and disadvantages under which, in this country, all labour who are engaged in its pursuit, it must afford little ground for surprise that the number of such men should be small.

That so noble a pursuit as Psychological Medicine should fail to secure for its practitioners an exalted position in public estimation, is, doubtless, attributable, in a great measure, to the general prejudice, arising out of the abuses and cruelties alleged to have been formerly practised in Lunatic Asylums. It will, therefore, be well to inquire how far this

general prejudice is well-founded, and if just cause for odium be found to exist, then to inquire whether that odium is made to fall on the right head.

That cruelties and villanies of all sorts have been perpetrated in Lunatic Asylums, is a fact established upon evidence too strong to leave room for doubt;—regardless of every dictate of humanity and tie of blood, the Lunatic has been consigned to hopeless and perpetual imprisonment, uncared for, and, perhaps, unseen for months or years! And by whom?—by his nearest relative—his father, mother, brother, sister, wife;—to be released at last only by the great liberator—Death!

Possibly during his confinement he may never have recovered the use of his intellect; but, alas, there is another possibility, almost too fearful to contemplate,—the light of reason may once more have burst upon him, and dispersed the clouds which enshrouded his faculties in worse than nocturnal darkness, awaking him—but not to liberty. The World believes not in the curability of Insanity, therefore his ignorant keeper, and his fear-struck and not less ignorant relatives, if they took cognizance of it at all, quickly satisfied themselves that his recovery was, at best, but a lucid interval; possibly only “an effort of insane cunning;” and then, perhaps, driven frantic by the hopelessness of his position, his sun of reason set, never again to rise; confirming, as they believe, the soundness of their judgments, *and affording to them, another proof of the incurability of insanity!*

All this may have happened, and no greater crime be chargeable upon keeper or relative than ignorance and fear.

But we know that in some instances far less innocent

motives have existed—we know that very frequently the Lunatic Asylum *has been* made subservient to the basest projects of avarice, and *has been* the scene of cruelties, at the bare contemplation of which the heart sickens.

But that these things should have been, will upon examination be found to be, not only not surprising, but *the natural and inevitable results of the conduct of the Public itself*. Fear suggests to that portion of the Public immediately connected with the Lunatic by relationship, that he should as quickly as possible be consigned to a place of *security*, whilst pride and various other family reasons suggest that *secrecy* should envelope him;—it must not be allowed to transpire that there is insanity in the family. By the rest of the public he is looked upon with more or less of terror, all regarding him as something to be *avoided*, and against which *everybody ought to be protected*,—in fact, he is regarded pretty much as a wild beast, and then, consistently enough, and (with those feelings) properly enough, he is consigned to the care of persons *fit only to be keepers of wild beasts*.

So far all is consistent. But being once freed from all apprehension of personal danger, this same Public is able to reflect, and upon finding *its own views acted upon*, and upon discovering that the measures resorted to for the control and safe custody of the Lunatic by the persons to whose care he has been consigned, are not precisely of that tender and considerate nature which humanity could approve (albeit, precisely what might have been, and ought to have been expected), it manifests the utmost astonishment and indignation, directed, as a matter of course, against everything and everybody but itself.

Excepting to those who are well acquainted with matters of Lunacy, it would appear incredible, the difficulties which conscientious men meet with at the hands of relatives of patients, in their efforts to carry out fully an enlightened and humane treatment. It is a fact of constant occurrence that such men dare not let the relatives of a patient know the degree of liberty which is permitted him, as the almost certain result would be the patient's removal to some *more secure* quarters.*

The truth is that in the majority of cases the chief, in many, the only concern seems to be how the patient may be *safely kept*; hence we see that the Proprietors of Asylums are very frequently non-medical men—indeed frequently women—persons merely trading for a living as private jailers, whose only business is the *safe keeping* of the Lunatic; but as no prison is complete without a Doctor on the staff, there is of course a regular visiting Medical Attendant to the Asylum, so that if the Lunatic should be attacked with a fever or an inflammation he may die decently. With the psychological management of the patient the medical man has

* A few days since the proprietor of an asylum placed in the writer's hands a note which he had recently received from a "gentle lady" to whom (with more honesty than wit, he had read) known the extent of the liberty which he felt justified in allowing to a certain patient, a poor, and should be, dear relative,—the lady's mother. My reader would, perhaps, expect to find this note full of thankfulness and joy, and expressing fondest hopes that her parent would be restored to the world, and to the bosom of her family?—nothing of the kind! The note breathes neither hope nor joy, but is full of fears lest the Doctor should prove an indifferent jailer, and express the greatest anxiety lest, in the excess of his humanity, he might allow her parent liberty enough to enable her, by possibility, to visit her home.

nothing to do, and psychological management has nothing to do with the patient.

Strange! that in this country and in this age, patients labouring under disease so fearful, and frequently so mysterious in its origin, and insidious in its progress, as to require for its elucidation medical attainments of the highest order, and even then often defying all human efforts for its alleviation—strange, I say, that such patients should be left to the treatment of non-medical, and not unfrequently altogether non-educated persons.

Whence arises this indifference to medical treatment? I have said above that the World believes not in the curability of Insanity. I may go further: it does not even recognize Insanity as disease. We may then cease to wonder at the indifference to medical treatment.

The notion that Lunatics are “possessed of devils” may, I suppose, now be taken to be a belief of the past;* but let me ask what have we in its stead?—The Lunatic is now said to be the subject of “an awful and mysterious visitation

* I find that we must not congratulate ourselves that such a belief is absolutely exploded. Since the above was written I have been consulted in the case of a gentleman labouring under disease affecting his mental powers, who very recently heard a Clergyman, one of the most popular preachers of the day, declare *from the pulpit* his firm belief that Lunatics are actually persons “possessed of devils.” The effect produced upon my patient’s mind by such an announcement from so high (?) an authority, is, as may well be supposed, by no means of a curative tendency.

What would this learned Divine say to the fact of these “devils” being controlled,—ay! even “cast out,”—by the aid of a little medicine,—merely a course of remedies, adapted simply to the restoration of the *general* health! Truly the Art of the Physician must be divine!

of Providence!" Thus do we still seek to shroud our ignorance within the folds of mystery.

I would not have it supposed that I ignore or treat lightly the idea of the direct interference of "the Almighty Disposer of events" in the affairs of men. I intend simply, that *to the same extent as all other disease may be so regarded*, is Insanity to be looked upon as "a visitation of Providence," and to that extent only.

But while clinging to the notion of incurability, with the pertinacity peculiar to long cherished prejudice, facts are occasionally so very "stubborn," that we find people are obliged to admit that the patient is cured; but even then they would rather look upon it as something in the nature of a miracle than regard it as the natural result of rational and scientific treatment, or they will get rid of all difficulty at once by asserting an undoubted truism,—“Poor fellow! he will always be liable to a return.” But truism though it be, it must be taken for just what it is worth—and no more.

We will admit that such liability does exist—nay more, that in very many cases the recurrence is *most probable*. Is it not equally so with respect to many other diseases? Is it not a fact that almost all persons are, from peculiarity of natural conformation, peculiarity of constitution, peculiarity of employment, and from various other causes, obnoxious to the invasion, and, of consequence, to the *recurrence*, of some one of the diseases to which flesh is heir?

Let those who thus thoughtlessly urge liability to recurrence, in depreciation of attempts to cure deviations from mental health, test the soundness and value of the objection,

by inquiring of their physician, when next they send for him, whether or not, supposing they are cured this time (Bronchitis or Gout, to wit), he can insure them against a future similar invasion—should the reply be in the negative, of course, they would at once decline medical aid, and with Christian resignation submit to their fate !

But this fatal notion of incurability is by no means peculiar to the unprofessional public, unhappily the notion has been extensively believed and fostered by our own Profession, and it is not difficult to discern why it should have been so. If a patient be not cured, it is likely to be from one of two causes—he is incurable, or we are incapable of curing him. Finding ourselves in this dilemma, it is not altogether unnatural that we should lean to the former alternative, rather than convict ourselves of ignorance; and then, having deceived ourselves, we readily enough encourage the error of others: there can, however, be very little doubt that the truth is to be found in the latter alternative—our ignorance.

Dr. Conolly has so admirably set forth some of the causes of this general ignorance, that I cannot do better than quote his words:—

“The interests of the public greatly require that medical men, to whom alone the insane can ever properly be intrusted, should have opportunities of studying the forms of Insanity, and of preparing themselves for its treatment in the same manner in which they prepare themselves for the treatment of other disorders.

“They have at present no such opportunities. During the term allotted for medical study, the student never sees a case of Insanity except by some rare accident.

“Whilst every Hospital is open, every Lunatic Asylum is closed to him; he can study all diseases but those affecting the understanding, of all diseases the most calamitous.

“The first occurrence, consequently, of a case of Insanity in his own practice alarms him: he is unable to make those distinctions which the rights and the happiness of individuals and of families require; and has recourse to indiscriminate and generally to violent or unnecessary means; or gets rid of his anxiety and his patient together by signing a certificate which commits the unfortunate person to a madhouse.”

Then after remarking upon some of the evils resulting from this state of things, the Doctor continues:—

“No provision of the Legislature can prevent the occurrence of these mistakes, unless opportunities are at the same time given of making medical men as familiar with disorders of the mind as with other disorders. Medical authorities agree in ascribing mental disorders to corporeal disease; not to any specific corporeal disease, but to any disease capable of disturbing the functions, or impairing the structure, of the brain.”

And then, referring to the general indifference to medical treatment in cases of Insanity, he observes:—

“The reasonable conclusion is, that the disorder is imperfectly understood and insufficiently attended to. That it should be imperfectly understood cannot be a matter of surprise, for it has been very superficially studied.”

Thus wrote Dr. Conolly twenty years ago. Slowly, indeed, are we emerging from this state, for, were he writing now, he might truly write as then.

Men are so accustomed to speak of “Mind” as if it were

an entity, that, I doubt not, many would at the first moment feel astonished at being seriously assured that "Mind" is in fact a non-entity—that it is simply a term used to identify and designate *the manifestation of Soul through the medium of the material machinery—the Body*; that such is the fact, a moment's reflection will demonstrate. It will also at once be admitted that that portion of man which is spiritual must necessarily be unsusceptible of disease, and it will as necessarily follow, that all disease must be corporeal, and it will therefore further follow of necessity, that Insanity, in whatever form, must be corporeal in its origin, and if so, why should it not be amenable to medical skill? Again, into what does the assumed ever-continuing liability to the recurrence of Insanity resolve itself?—simply into a liability to the recurrence of some particular corporeal disease—the disease which in that particular individual is capable of so disturbing the nervous system as to destroy the equilibrium of mental development.

Notwithstanding our slow progress, daily experience proves that Insanity is amenable to medical treatment, and that in the direct ratio in which our pathological knowledge is extended do we find it to be curable;—if this be so, then indeed must Psychological Medicine be, as I have ventured to designate it, the most noble branch of Medical Science.

But a most serious obstacle to the advancement of Psychological Science is to be found in the Legislature, for in its efforts to remedy the great abuses which existed it has unfortunately created evils which, although of a different character, are likely to prove scarcely less disastrous in their

ultimate consequences than those which were removed—the direct tendency of every step taken by the Legislature on the subject of Lunacy is to degrade instead of to elevate the character of all who may be engaged in its investigation;—every Act of Parliament seems to be founded upon the assumption that none but knaves would have anything to do with Lunatics.

Looking only at the state of things which the present laws were intended to meet, I should be little disposed to take exception either to their character or their stringency.

Assuming that Lunatic Asylums were necessarily to continue what formerly but too frequently they were—mere receptacles for the safe keeping of Lunatics—assuming that they were necessarily to continue for ever to be conducted by persons trading for a living,—mere speculators in human misery, I should be well content to leave the laws as they are, for they have undoubtedly enabled the Commissioners to effect a vast amount of good in clearing out dens whose iniquity cried to Heaven for vengeance,—they have enabled the Commissioners successfully to exert themselves to secure for the Insane, physical comforts which cupidity denied them or ignorance believed them incapable of enjoying—so far well; but, unfortunately, it appears to have been assumed as the basis of Legislation, that the old “mad house” *regime* was of necessity to continue; hence the efforts of the Legislature have been directed to the modifying and controlling evils *the mere consequences* of a corrupt and vicious system—a system which originated in ignorance and is perpetuated in ignorance, and which seems to ignore the very existence of Psychological Medicine.

That such should be the case is greatly to be deplored, as I firmly believe that if the condition of the Lunatic is ever to be materially and permanently ameliorated it must be by securing for him the advantages of the energy and skill, with the *personal care and companionship* of men of a higher grade of intellect,—men who (as a class at all events), are not specially obnoxious to the operation of laws degrading to their social and intellectual position, and revolting to their feelings as men of honour.

That Medical Men are the only persons to whom (as a rule) the Insane can properly be intrusted, seems to be a proposition so palpable as to need no argument to support it.

We have already seen that the estimation in which the Public holds Psychological Medicine, although improving, is not yet such as to afford special inducements to the Medical Man to devote himself thereto; what are the inducements held out by the Legislature?

Before the Psychological Physician can be permitted to practise his profession* he must supplicate, within a certain

* It is probable that I shall here be told that I am exaggerating and misstating the facts,—that it is not necessary for the practice of Psychological Medicine that the Physician should have the patients in his own house; I however fearlessly assert, that for the satisfactory practice of Psychological Medicine it is necessary that the Physician should constantly have his patient under his personal observation, and I think I may confidently reckon upon my assertion being supported by all who are really experienced in Psychological practice. Feuchtersleben, on this subject, says, that it is important for the Physician “to have a thorough knowledge of the patient,—of his personal character, carefully to observe him at all hours,—to devote his attention almost exclusively to him—in a word, to be a friend of the patient, and to live a part of his life with him.”

district, the Commissioners, and beyond that district, the County Magistrates, to grant him a Licence, and if, as an act of special grace and favour, his request should be granted, he is further required to pay for the privilege an annual fine of Fifteen Pounds Ten Shillings; and the application of this money is not a little curious—it is applied in part payment of the salaries and expenses of the Commissioners and Visiting Magistrates. The gross injustice of this impost will be fully apparent if it be remembered that it is not for the benefit of the person paying it, that Visitors are appointed and visitations made, but for the benefit and protection of the Lunatic; clearly therefore, the advantages should be paid for by those who receive them, the Lunatic or his friends.

He may not make any improvement, addition, or alteration in or about his house, without the leave in writing of the Commissioners or Visitors first obtained.

His house and every part of it is liable to inspection at any time, by day or by night—he may not have one private room—not even his bed-chamber is to be held sacred.*

He may not (even with the consent of the patient's family) allow his patient to go to the sea-side, or elsewhere, for

* Such is the law. That it is acted upon, so far as the Commissioners are concerned, with proper consideration, and in a manner as little offensive as possible, I am able fully to testify, and probably the same may be said generally of the Magistrates; but unquestionably, the instances are by no means few where it is very much the contrary,—but however considerably it may be carried out, it cannot be other than odious to the feelings of honourable men, members of the Honourable Profession, to be subjected to such laws, whilst engaged in the legitimate practice of one of the most important specialities of that Profession.

change of air, without first obtaining the consent in writing of the Commissioners or Visiting Magistrates. That any such temporary removals should be *duly notified* to the Commissioners would be most proper, but to have to obtain their previous consent seems to be an unnecessary interference between Patient and Medical Man.

It must also be observed, that this is not a question of numbers, for if he receive only two patients he is subjected to all this expense and annoyance.

Can it be wondered at that men of independent character, of refined feeling, and of a high order of intellect, should feel disinclined voluntarily to place themselves within the reach of such laws? Nay, is it not rather, as I have before observed, wonderful that *any* such should be engaged in Psychological practice?

There is one provision of the law as it stands at present, to which I have not yet alluded, which however affords a striking instance of how completely the interests of the Lunatic may be sacrificed by the very laws which were intended for his especial benefit, and it also affords a striking instance of the tendency of the present laws to perpetuate the old "mad house" *régime*. I refer to the 45 Section of the 8 & 9 Viet. cap. 100, which forbids the reception of any other than an Insane person to board or lodge in a Licensed House.

If there is one point upon which agreement is more universal than another, it is the great importance (with a view to cure) of securing to the Insane, as far as possibly can be done the advantages of *association with sane people*. Virtually the Legislature says that the Insane shall associate

only with the Insane. This most mischievous clause was intended to meet two possibilities—the one was the possible confinement of a person upon the pretence that he was only a boarder; the other was, the possibility of a larger number of persons being received into the house than it was licensed to contain.

The former of these objects could be effectually secured by simply providing, that no person should be received into a Licensed House, whether as boarder or patient, without notice thereof being given to the Commissioners, who at their visitation should have the right personally to examine such individual to satisfy themselves of the true nature of his residence there; and the latter object could also effectually be secured by simply providing that in no case should the number of inmates (whether patients or boarders) exceed the number for which the house was licensed. There will always be difficulty enough in obtaining sane society for Lunatics without having Legislative discouragements super-added.

But there is another point of view in which the impolicy and short-sightedness of this clause will be very apparent. What could tend more strongly to the reformation of Asylums than the letting the light of independent observation into their secret recesses, and how could this more effectually be done than by the means which it is the object of this clause to prevent?

Far be it from me to wish to diminish or weaken the safeguards with which the Lunatic is or may be surrounded; I would rather increase them. I know it is sometimes urged that, forasmuch as laws must be made sufficiently general

and comprehensive to include all evil-doers, we ought patiently to submit, knowing that it is for the public advantage; and doubtless it is this consideration which has induced medical men to submit almost without a murmur to have their feelings continually outraged. It is, however, the object of these remarks to demonstrate that no such public necessity exists, but that, on the contrary, the Psychological practitioner may be placed in his proper position, and at the same time the interests of the Lunatic be infinitely better secured.

I am not insensible to the special difficulties which formerly surrounded the subject—difficulties calculated seriously to embarrass every attempt at Legislation—misery to be alleviated and cruelties to be avenged—prejudices to overcome which age had rendered inveterate,—inquiries to be instituted and discoveries to be effected, to evade and defeat which was the direct interest of those from whom the information was to be sought. The circumstances are now, however, so far altered as to demand that the whole character of the Legislation should be materially modified.

The Medical Profession writhes under the sense of the degraded and humiliating position which it occupies in all that relates to Lunacy, but it must be admitted that it is only suffering a just retribution. Had not the Profession scandalously neglected its duty, the dungeons and cells of private speculators in human misery would never have existed; again, if the Profession had done its duty it would never have devolved upon the private philanthropist to seek out and purge those dens of iniquity.

Whilst, however, I believe we may mainly thank the supineness of the Medical Profession for the vicious system of the

past, I am firmly convinced that it is to that Profession we must look for the permanent amelioration of the condition of the Insane ; and the honour of the Profession, as well as the interests of the Public, demand that the effort to rescue Psychological Medicine from its present anomalous position and place it upon a proper basis, should no longer be delayed.

That hitherto no effectual effort has been made, has, I believe, been chiefly owing to the precise nature of the evils to be dealt with, not being understood, and the difficulties to be encountered, not having been definitely ascertained.

In the foregoing observations I have endeavoured to define the actual condition of Psychological Medicine ; the difficulties and disadvantages which surround and beset its pursuit ; and I have endeavoured to analyse those difficulties and disadvantages, and trace them to their causes :—

Popular ignorance and prejudice.

Erroneous Legislation.

Popular ignorance, it is the duty and office of the Profession to enlighten, and, as the natural consequence of enlightenment, prejudice will cease to exist.

Erroneous Legislation, Parliament must be invoked to correct.

It should be a fundamental principle, that, excepting in the case of incurables, the care and management of the Insane should be intrusted only to medical men.

I would suggest the total abolition of the Licensing system, and likewise the total abolition of the jurisdiction of Magistrates in matters of Lunacy, transferring their visitatorial functions to the Commissioners.

The Commissioners (excepting in special cases) to make their visitations *singly*, instead of in pairs, each Commissioner having his own district. By this arrangement I have no doubt that the appointment of two additional Commissioners (increasing the Visiting Commissioners from six to eight) would fully meet the additional duty arising from the abolition of the visitorial powers of the Magistrates.

The visitorial powers of the Commissioners to stand as at present, excepting that their right of inspection should be limited to such parts of the house as are really occupied by patients, unless under special circumstances and under an authority from the Lord Chancellor for the special occasion.

I would suggest that the Commissioners should be invested with a character and authority which they do not at present possess, viz., that each Commissioner should be constituted *Official Committee* of all patients in his district, with power to remove or prevent the removal of a patient. The principle upon which I would create this power is, that as soon as a person has been duly certified to be insane, he should become, *ipso facto*, a Ward of the Lord Chancellor; public policy demands that the Lunatic should have this protection, at the same time the feelings and wishes of the relatives should be duly respected and, therefore, if in his character of Official Committee the Commissioner should, contrary to the wishes of relatives, remove or refuse to sanction the removal of a patient, he should be required to report to the Chancellor the grounds for so doing, furnishing the parties interested with a copy so as to enable them to appeal to the Court if they thought fit. This plan could not possibly interfere with the *proper* exercise of the discretion of re-

latives in the removing and placing patients, as ordinarily the assent of the Official Committee would be a mere matter of course, at the same time it would effectually protect the patient from being removed from one place to another to gratify the caprice, or promote the private ends of other people.

In like manner, if the proprietor of an Asylum were an unfit person, or the house were an unfit house, it should be the duty of the Official Committee to report accordingly to the Chancellor (furnishing the party interested with a copy), who thereupon would have the power of ordering that Patients (his Wards) should not be placed with such unfit person or in such unfit house.

Under such a provision as this, the power to control Asylums would be as great or greater than that afforded by the present odious Licensing system. An Asylum would be as effectually closed by the refusal of the Lord Chancellor to allow patients to be placed therein, as it would be at present by the Commissioners withholding the Licence; and, moreover, the object would be attained by the mere application of the common-sense principles which guide us in the everyday concerns of life, without the assistance of special laws. This, I humbly conceive, would be no small recommendation, as there is no nuisance more intolerable to an Englishman than that of *unnecessary* laws;—it would, in fact, be merely the use of that discretion which is exercised daily by every Parent and Guardian.

The fund which is now raised by the granting Licences, may be raised by imposing a Capitation Fee upon the admission of every patient, which might be paid in the first in-

stance by the medical man, by means of a stamp upon the "Notice of Admission" which is transmitted to the office of the Commissioners—the amount afterwards to be refunded to him by the friends of the patient: thus the cost of protection would be thrown upon the persons protected.

The whole of the Commissioners should form a Board for the purpose of making such general regulations for the management of Asylums, as from time to time may be necessary; but as the Medical Profession is directly and especially interested in all such regulations, it should be duly represented at the Board, by the President of the College of Physicians and the President of the College of Surgeons, being *ex officio* members thereof.

It might, perhaps, not be good policy to limit the appointment *absolutely* to the Medical Profession; but as a rule (all other things being equal) I think that the Commissionerships should be filled by Medical Men.

Such is the outline of a plan, which, if carried into effect, I confidently believe would secure for the Lunatic the fullest protection, without at the same time inflicting upon the interests of Psychological Medicine "a heavy blow and great discouragement."

The question must no longer be dealt with as one affecting merely the physical comforts and the *care* of the Insane. The gratitude of the nation is justly due to the energy, the benevolence, and the philanthropy of those who have so untiringly exerted themselves to ameliorate the physical condition of the Lunatic; but, as in the individual mind, so in the public mind, there is a strong tendency to allow its energies to be absorbed by one favourite idea, to the exclusion, for

the time being, of all others, and there is too much reason to believe that the grand principle of "non-restraint," instead of being the handmaid to Psychological Medicine, has been allowed to usurp its place, and temporarily to divert attention from the still grander—the all-important consideration of the *cure* of the Lunatic.

I would therefore once more urge upon the Medical Profession to awaken itself to action,—it will not be left unaided. Let the Profession once show that it is in earnest and it will soon have the co-operation of the Public, for the importance of the subject is not confined to the Medical Man and the Lunatic; it is a subject in which *all* are interested, and none more deeply than the sane. The Pauper, the Tradesman, and the Merchant, are interested in it, for Paupers, Tradesmen, and Merchants go mad; the Artist, the Scholar, and the Statesman, for Artists, Scholars, and Statesmen go mad; the Sovereign, for even Monarchs go mad. Thus, can no man say, "It does not concern me," for "no one can confidently reckon on the continuance of his perfect reason. Disease may weaken—accident may disturb—anxiety may impair it."

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